

10/585335

AP20 Rec'd PCT/PTO 06 JUL 2006

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	USE OF PILOCARPINE FOR HYPOPTYALISM TREATMENT
Attorney Docket Number::	0540-1061
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: PEROVITCH
Name Suffix::
City of Residence:: LEGE CAP FERRET
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 9 RUE DES MARINS - LES JACQUETS
Address::
City of Mailing Address:: LEGE CAP FERRET
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33980

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARC
Middle Name::
Family Name:: MAURY
Name Suffix::
City of Residence:: SAINT MEDARD EN JALLES
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 21 RUE LOUIS JOUVET
Address::
City of Mailing Address:: SAINT MEDARD EN JALLES

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33160

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: DEYMES
Name Suffix::
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 9 RUE FRANTZ DESPAGNET
City of Mailing Address:: BORDEAUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-33000

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/050012	1/7/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	04 50050	1/9/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::